

PART B - FEE(S) TRANSMITTAL

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21036 7590 09/29/2006

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12/04/2006 WABDELR3 00000020 10718329

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Tammi L. Taylor

(Depositor's name)

Tammi L. Taylor

(Signature)

November 29, 2006

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/718,329 | 11/20/2003 | Thomas J. Pinnavaia | MSU 4.1-626 | 1051 |

TITLE OF INVENTION: PROCESS FOR THE ASSEMBLY OF ULTRASTABLE MESOSTRUCTURED ORGANOFUNCTIONAL SILICA COMPOSITIONS

12/05/2006 WABDELR3 00000001 130610 10718329

| 01 FEE TYPE | 30.00 OP | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|----------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | | \$700 | \$300 | \$0 | \$1000 | 12/29/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| PASTERCZYK, JAMES W | 1755 | 502-150000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ian C. McLeod

2 Steven E. Merritt

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Board of Trustees of
 Michigan State University**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

East Lansing, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0610 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date November 29, 2006

Typed or printed name Ian C. McLeod

Registration No. 20,931

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